

**RESOLUTION NO. 07-01-07**

**A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA AUTHORIZING THE TOWN MANAGER TO CHANGE THE EFFECTIVE DATE OF COVERAGE FOR EMPLOYEE LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, SHORT TERM DISABILITY, LONG TERM DISABILITY, VOLUNTARY EMPLOYEE LIFE INSURANCE, VOLUNTARY SPOUSE LIFE INSURANCE, VOLUNTARY CHILD(REN) LIFE INSURANCE, DENTAL INSURANCE, AND HEALTH INSURANCE; AND PROVIDING AN EFFECTIVE DATE.**

**WHEREAS**, the Town of Lake Park (“Town”) is a municipal corporation of the State of Florida with such power and authority as has been conferred upon it by the Florida Constitution and Chapter 166, Florida Statutes; and

**WHEREAS**, the Town Commission has determined that it will provide the Town’s employees with health insurance coverage and an employee assistance program for Fiscal Year 2007; and

**WHEREAS**, the Town Commission of the Town of Lake Park has determined that it is in the best interest of the Town of Lake Park and its employees to execute the Group Policy Amendment Request Form (a copy of which is attached hereto and incorporated herein as **Exhibit “A”**) to amend its current contract with Jefferson Pilot Financial Insurance Company to change the effective date of coverage for life and accidental death and dismemberment insurance, short term disability, long term disability, voluntary employee life insurance, voluntary spouse life insurance, voluntary child(ren) life insurance, and dental insurance for all regular full time employees to the first of the month following date of hire; and

**WHEREAS**, the Town Commission of the Town of Lake Park has determined that it is in the best interest of the Town of Lake Park and its employees to issue a letter to Blue Cross Blue Shield of Florida to change the effective date of coverage for employee health insurance for all regular full time employees to the first of the month following date of hire.

**NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA AS FOLLOWS:**

**Section 1.** The whereas clauses are incorporated herein as true and correct and are hereby made a specific part of this Resolution.

**Section 2.** The Town Commission hereby authorizes and directs the Town Manager to execute the Group Policy Amendment Request Form to amend its current contract with Jefferson Pilot Financial Insurance Company to change the effective date of coverage for life and accidental death and dismemberment insurance, short term disability, long term disability, voluntary employee life insurance, voluntary spouse life insurance, voluntary child(ren) life insurance, and dental insurance for all regular full time employees to first of the month following the date of hire.

**Section 3.** The Town Commission hereby authorizes and directs the Town Manager to issue a letter to Blue Cross Blue Shield of Florida to change the effective date of coverage for employee health insurance to the first of the month following date of hire

**Section 4.** This Resolution shall become effective immediately upon adoption.

The foregoing Resolution was offered by Commissioner Balius, who moved its adoption. The motion was seconded by Commissioner Carey, and upon being put to a roll call vote, the vote was as follows:

	AYE	NAY
MAYOR PAUL W. CASTRO	<u>X</u>	___
VICE-MAYOR ED DALY	<u>X</u>	___
COMMISSIONER CHUCK BALIUS	<u>X</u>	___
COMMISSIONER JEFF CAREY	<u>X</u>	___
COMMISSIONER PATRICIA OSTERMAN	<u>X</u>	___

The Town Commission thereupon declared the foregoing Resolution NO. 07-01-07 duly passed and adopted this 17 day of January, 2007.

TOWN OF LAKE PARK, FLORIDA

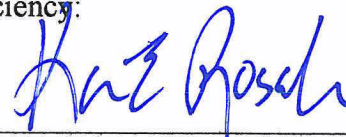
BY:   
PAUL W. CASTRO  
MAYOR

ATTEST:

  
Vivian Mendez  
TOWN CLERK



Approved as to form and legal sufficiency:

BY:   
THOMAS J. BAIRD  
TOWN ATTORNEY



Jefferson Pilot Financial Insurance Company, PO Box 2616, Omaha, NE 68103-2616  
Phone (800) 423-2765

**GROUP POLICY AMENDMENT REQUEST FORM**

To: **Amendments**  
Jefferson Pilot Financial Insurance Company  
8801 Indian Hills Drive  
Omaha, NE 68114  
**Fax: (877) 573-6177**  
Phone: (800) 423-2765 - Client Services

Date Submitted:  
Submitted by:  Group  Broker  Regional Office  
Group I.D.: 370083

Legal Name of Employer (as shown on contract):

Group Administrator Name: Bambi McKibbon-Turner  
Group Administrator E-Mail Address: bturner@lakeparkflorida.gov

Broker Name: Gehring Group  
Broker E-Mail Address: kurt@gehringgroup.com

Requested Effective Date of this Change: 1/17/07

Coverage(s) and Policy Number(s) Affected by this Change: 000010072458-00000; 000010072459-00000; 000010072460-00000; and 00001D013366-00000

List Billed or  Self Billed

Types of Changes:

- Waiting Period
- Anniversary / Renewal Date
- Contribution Level
- Benefit
- Class / Description
- Definition of Earnings
- Group Name
- Minimum Hours
- Subsidiary / Participating Employer - New Billing Location  Yes  No
- Other Changes:

Reason for Change / Explanation & Details:

Adoption of resolution by Town Commission to change the waiting period for all regular full time Town employees to the first of the month following date of hire.

Enrollments / Census / E of I Attached?  Yes  No

Mailing Instructions for Completed Group Amendment Request Form:

Mail Policy(s) to:  Policyholder  Broker      Mail Certificate(s) to:  Policyholder  Broker

Printed Name of Authorized Company Officer  
Cynthia R. Sementelli  
Title Interim Town Manager

Signature of Authorized Company Officer  
\_\_\_\_\_  
Date Signed

**The request will be reviewed for contractual risk and is subject to Jefferson Pilot Financial approval.**

## INSTRUCTIONS TO COMPLETE GROUP POLICY AMENDMENT REQUEST FORM

These instructions will assist in completing the Group Policy Amendment Request Form. When submitting a policy change or amendment, complete this form in its entirety. For assistance, contact Client Services at (800) 423-2765.

TYPE OF CHANGE	DEFINITION	REQUIRED INFORMATION
WAITING PERIOD	The date that Employees become eligible for coverage.	- New waiting period - Names of the Employees affected
BENEFIT	Schedule of Benefits, i.e., coverage amounts, reductions, or dental benefit waiting periods.	- Description of the new benefit - Class
GROUP NAME	Policyholder's Name as shown on the Contract.	- Current and future name
ANNIVERSARY DATE	The month of the year in which the Policyholder's renewal is effective.	- Requested renewal month
CLASS DESCRIPTION	The description of Eligible Employees in any given class.	- Current and revised description - Employees affected by this change - If a class is being added, provide Enrollment Cards or a Census
MINIMUM HOURS	The required minimum hours worked per week to be eligible for coverage.	- New hour requirement - Employees affected
CONTRIBUTION LEVEL	The percentage the Employer contributes to the cost of the coverage.	- New contribution percentage
DEFINITION OF EARNINGS	The definition of the salary or wage used for benefit purposes.	- New salary description - Updated salary listing
SUBSIDIARY/ PARTICIPATING EMPLOYER	A separate firm, subdivision or branch, owned or controlled by the Policyholder.	- Name of the Participating Employer affected - Enrollment Cards or Census of the division being added - Listing of the Employees affected by a termination - List in contract as Participating Employer

- In addition to submitting this form, please enclose any necessary attachments (i.e. - enrollment forms, evidence of insurability forms, billing address information, or a copy of the renewal notice). Incomplete forms may cause a delay in processing.
- Mail or fax the form page only (not the instructions page) to your Regional Group Office or Agent/Broker or forward directly to us at:

Attn: Amendments  
Jefferson Pilot Financial Insurance Company  
8801 Indian Hills Drive  
Omaha, NE 68114

Attn: Amendments  
Jefferson Pilot Financial Insurance Company  
Fax: (402) 361-2941

***The request will be reviewed for contractual risk and is subject to Jefferson Pilot Financial approval.***